



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
**DIVISION OF ENVIRONMENTAL HEALTH**  
**BARBER AND BEAUTY SHOPS, SCHOOLS,**  
**AND THE PRACTICE OF BARBERING AND COSMETOLOGY**  
**INSPECTION REPORT**

<b>INSPECTION</b>		<b>GRADE</b>	<b>INSPECTION DATE</b>		<b>ESTABLISHMENT NAME</b>
Regular	✓	10	07/14/2020		FRESH IMPRESSION
Follow-Up			TIME IN	TIME OUT	OWNER/OPERATOR
Complaint	✓		2:45 PM	5:00 PM	TINGSON, REYNALDO VICTOR S.
Investigation		A	SANITARY PERMIT NO.		LOCATION
Other			190000049		LOT 1402-1-1 6045 W MARINE CORPS DR. UNIT 1 APISGA, GUAM
					ESTABLISHMENT TYPE: BARBERSHOP

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

ITEM NO.*	REMARKS	DEMERIT	CORRECT BY DATE
	A REGULAR INSPECTION WAS CONDUCTED DUE TO COMPLAINT # 20-031, ESTABLISHMENT NOT FOLLOWING SOCIAL DISTANCING AND MASK WEARING MANDATES. PREVIOUS INSPECTION DATED 02/05/2018 RESULTED IN AN "A" RATING. THE FOLLOWING WERE OBSERVED:		
4.	EMPLOYEE OBSERVED NOT WASHING THEIR HANDS IN BETWEEN CLIENTS. ALL EMPLOYEES SHALL WASH THEIR HANDS IN BETWEEN CLIENTS TO PREVENT THE SPREAD OF DISEASE.	4	08/14/2020
43.	EMPLOYEE, KATHLEEN O. SANTOS (D.O.B. 1/27/1992), WAS OBSERVED WORKING WITHOUT A VALID HEALTH CERTIFICATE. AS PER PROCESSING CENTER SECTION, HEALTH CERTIFICATE FOR COSMETOLOGY WAS EXPIRED SINCE 06/08/2018. HEALTH CERTIFICATES SHALL BE VALID AS PER RULES AND REGULATIONS PERTAINING TO BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY.	6	07/24/2020
	PHOTOS TAKEN.		
	"A" PLACARD NO. 02639 REMOVED		
	"A" PLACARD NO. 02449 ISSUED AND POSTED IN WHITE FRAME.		
	DISCUSSED THIS REPORT WITH MARICEL CRUZ, PERSON IN CHARGE.		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within ten (10) days of this inspection:

(1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45)

RECEIVED BY (Name & Title):

Maricel P. Cruz PIC

DEH INSPECTOR (Name & Title):

V. RAYMUNDO, RPH I

300-9570



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
**PUBLIC AND PRIVATE PREMISES**  
**INSPECTION REPORT**

(FRESH IMPRESSION)

NAME: (OWNER, LESSEE, OCCUPANT, ETC.)

TINGSON, REYNALDO VICTORS.

ADDRESS: Lot #, street name, house/apt. #, building name:

LOT 1402-1-1 645 W MARINE CORPS DR UNIT 1

INSPECTION/INVESTIGATION DATE:

07/14/2020

COMPLAINT #:

20-031

MUNICIPALITY/VILLAGE; SUBDIVISION:

ANIGUA, GUAM

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS		
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.		
	The following violations were observed and deemed a public nuisance:		
		Corrected on the Spot (COS)	Repeat
	<input checked="" type="checkbox"/> 1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> 3. Failed to post appropriate signage for face masks and social distancing.	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> 4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/> 5. Failed to have and present an organization-specific guidance plan in place.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 6. Failed to properly maintain the required occupant load of _____.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 7. Failed to adhere to the authorized number for social gatherings on business premises.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.	<input type="checkbox"/>	<input type="checkbox"/>
	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.		
	Observations/Findings:	<input type="checkbox"/>	N/A

YOU ARE HEREBY GIVEN 2 DAYS 48 HOURS TO CORRECT THE ABOVE CITED PROBLEMS.YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT 07/16/2020

(DATE)

RECEIVED BY (Print &amp; Sign):

Maricel P. Cruz

DEH INSPECTOR (Print &amp; Sign):

V. RAIMUNDO, EPHOI



GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
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**COMPLIANCE CHECKLIST FOR COSMETIC ESTABLISHMENTS  
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14, AND  
DPHSS GUIDANCE MEMO 2020-07**

Name of Establishment: FRESH IMPRESSION Company Name: TINGSON, REYNALDO VICTORS.

Location: LOT 1402 -1-1 1415 W MARINE CORPS DR UNIT 1, ANIGUA, GUAM

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	<b>General Requirements</b>			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening		Yes	<input checked="" type="radio"/> No
2	Operates at no more than the authorized occupancy rate		<input checked="" type="radio"/> Yes	No
3	Screens clients before entering the facility		Yes	<input checked="" type="radio"/> No
4	Posts signage in common areas emphasizing social distancing, handwashing, mask, and other protective equipment		Yes	<input checked="" type="radio"/> No
5	Social distancing of at least 6 feet are met and maintained		<input checked="" type="radio"/> Yes	No
6	Minimizes contact between individuals by installing physical barrier at reception	N/A; NO RECEPTION DESK	<input checked="" type="radio"/> Yes	No
7	Mask is worn at all times by employees and customers	PIC INFORMED CUSTOMER TO WEAR MASK.	NO	
8	Prohibits the use of waiting area; develops a system to have clients wait outside or in their vehicle		Yes	<input checked="" type="radio"/> No
9	Removed unnecessary items such magazines, newspaper and any other unnecessary paper products/decor		YES	
10	Provides plastic coverings or disposable paper cover/sheet on vinyl tabletops or headrests		<input checked="" type="radio"/> Yes	No
11	Routinely cleans and disinfects surfaces, equipment, and tools in between clients		Yes	<input checked="" type="radio"/> No
12	Frequently disinfect highly-touched surfaces including credit card terminals, counters, door handles, light switches, phones, etc.		NO	
13	Soiled linens are placed in a sealed bag or closed container until properly washed		<input checked="" type="radio"/> Yes	No
14	Toilet facilities, hand wash sinks, and shampoo bowls are thoroughly cleaned		<input checked="" type="radio"/> Yes	No
15	Uses approved cleaning products and according to the directions on the label		<input checked="" type="radio"/> Yes	No
	<b>Employee Health</b>			
16	Screens employees and patrons before entering the facility		Yes	<input checked="" type="radio"/> No
17	Provides and maintains PPE for employees to perform enhanced cleaning/disinfection		<input checked="" type="radio"/> Yes	No
18	Stagger shifts, breaks, and meals whenever possible		<input checked="" type="radio"/> Yes	No
19	Conducts training for employees on enhanced disinfection and proper PPE base on CDC guidelines		<input checked="" type="radio"/> Yes	No

RECEIVED BY (Name and Title) <u>K Maricel P. Cruz, PIC</u> <i>[Signature]</i>	DATE <u>7/14/20</u>
DEH INSPECTOR (Name and Title) <u>J. RAMUNO, EPHO I</u> <i>[Signature]</i>	DATE <u>07/14/2020</u>